U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number <b>U</b> - 3 / 3 3  | 2. Fiscal Year Covered From:   |
|--|--|
|  | 1 / 1 / 2004 Through: 12 / 31 / 2004   |
| 3. Name and address of person filing.  | 4. Name, file number, and address of labor organization.   |
| Name Steve Ragin   | Name OPEIU, Local 108  |
|  | Labor Organization File Number 542-019   |
| P.O. Box, Bldg., Room No., if any  | P.O. Box, Building and Room Number, If any Suite 900   |
| Street 15711 Roxton Ridge Dr.  | Street 2617 North Side Rd.   |
| City Webster   | City New Iberia  |
| State Texas ZIP Code + 4 77598   | State LA ZIP Code + 4 70563-0953   |
| 5. Position in labor organization.  President  |  |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).  | 7.a. Nature of Interest, Transaction, or Income.   |
| Name   |  |
| Trade Name, if any:  |  |
| P.O. Box, Bldg., Room No., if any  |  |
| Observed   | 7.b. Amount.   |
| Street   | a la cara de la caración de la carac |
| City   |  |
| State ZIP Code + 4   |  |
| Signature  |  |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)                                 |  |
| Signed # Signed  | On 14/11/05 28 1 28 0 0 205  Date Telephone Number   |

| Name of Person Filling Steve Ragin   | File Number U-  |
|--|---|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |   |
| 8. Name and address of Business (including trade name, if any).  | 9. Business deals with:                                   |
| Name   | Sequence and  |
| Trade Name, if any:  | a. Labor Organization b. Trust                            |
| P.O. Box, Bldg., Room No., if any  | c. Employer   |
| Street   | **************************************                    |
| City   |   |
| State ZIP Code + 4   |   |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such dealing.                             |
| Name   |   |
| Trade Name, if any:  |   |
| P.O. Box, Bldg., Room No., if any  |   |
| Street   | 11.b. Approximate dollar value of such dealing.           |
| City   | 12.a. Nature of interest held or income received.         |
| State Ohio ZIP Code + 4  |   |
|  |   |
|  |   |
|  |   |
|  | 12.b. Amount.   |
|  | words & and P about)                                      |
| C. <b>Received from any employer</b> (other than an employer covered under parts Å and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  |   |
| 13.a. Name and address of Employer or Labor Relations Consultant   | 14.a. Nature of payment.                                  |
| (including trade name, if any).  | Gift of six steaks  |
| Name Schwarzwald & McNair LLP  |   |
| Trade Name, if any:  |   |
| P.O. Box, Bldg., Room No., if any 616 Penton Media Building  | :   |
| Street 1300 East Ninth Street  |   |
| City Cleveland   |   |
| State Ohio ZIP Code + 4 44114-1503   |   |
| 13.b. Is the Business an Employer 🐰 or Consultant ?  | 14.b. Amount of payment. Approx., \$80.00 - December 2004 |

File Number U-